

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

176/60812 (6-11400-728)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

BEST AVAILABLE COPY

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMMUNOGENIC CONJUGATES OF GRAM-NEGATIVE BACTERIAL AUTOINDUCER MOLECULES AND
ANTIBODIES RAISED AGAINST THE SAME**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial No. 10/121,207 on April 11, 2002 and was amended on _____
(if applicable).

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(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

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COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/082,025	16-APRIL-1998	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
09/293,687	April 16, 1999		X		
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Send Correspondence to:

**Michael L. Goldman
NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603**

**Direct Telephone Calls to:
(name and telephone number)
Michael L. Goldman
(585) 263-1304**

201	FULL NAME OF INVENTOR	FAMILY NAME Kende	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME S.
	RESIDENCE & CITIZENSHIP	CITY Pittsford	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 19 Larchwood Drive	CITY Pittsford	STATE & ZIP CODE/CTRY New York 14534/USA
202	FULL NAME OF INVENTOR	FAMILY NAME Iglewski	FIRST GIVEN NAME Barbara	SECOND GIVEN NAME H.
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205	FULL NAME OF INVENTOR	FAMILY NAME Pearson	FIRST GIVEN NAME James	SECOND GIVEN NAME P.
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SIGNATURE OF INVENTOR 201 <i>Andrew S. Herde</i>	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE <i>July 12, 2002</i>	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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Send Correspondence to: Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603				Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (585) 263-1304	
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 <i>Paul A. H. H. H.</i>	SIGNATURE OF INVENTOR 203
DATE	DATE <i>Aug 2, 2012</i>	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

Page 3 of 3

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 <i>Roger Smith</i>
DATE	DATE	DATE <i>9-7-02</i>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 <i>Richard P. Phipps</i>	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE <i>July 15, 2002</i>	DATE	DATE

Page 3 of 3

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)			ATTORNEY'S DOCKET NUMBER 176/60812 (6-11400-728)		
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
IMMUNOGENIC CONJUGATES OF GRAM-NEGATIVE BACTERIAL AUTOINDUCER MOLECULES AND ANTIBODIES RAISED AGAINST THE SAME					
the specification of which (check only one item below):					
<input type="checkbox"/> is attached hereto.					
<input checked="" type="checkbox"/> was filed as U.S. Patent Application Serial No. 10/121,207 on April 11, 2002 and was amended on _____ (if applicable).					
<input type="checkbox"/> was filed as PCT International Application No. _____ on _____ and was amended under PCT Article 19 on _____ (if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY (If PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
United States	60/082,025	16-APRIL-1998	<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check One)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
09/293,687	April 16, 1999		X		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continue)				ATTORNEY'S DOCKET NUMBER 17660812 (6-11400-728)	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014					
Send Correspondence to: Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603				Direct Telephone Calls to: (name and telephone number) Michael L. Goldman (585) 263-1304	
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/CTRY	

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE 12/03/02	DATE

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